



House of Representatives

General Assembly

File No. 110

February Session, 2022

Substitute House Bill No. 5273

House of Representatives, March 23, 2022

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT ESTABLISHING A STATE-WIDE STROKE REGISTRY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2022*) (a) The Department of
2 Public Health shall maintain and operate a state-wide stroke registry.
3 Such registry shall use the American Heart Association's stroke care
4 program's data set platform and include information and data on stroke
5 care in the state that align with the stroke consensus metrics developed
6 and approved by the American Heart Association.

7 (b) On and after January 1, 2023, each comprehensive stroke center,
8 thrombectomy-capable stroke center, primary stroke center or acute
9 stroke-ready hospital shall, on a quarterly basis, submit to the
10 Department of Public Health data concerning stroke care that are
11 necessary for including in the state-wide stroke registry, as determined
12 by the Commissioner of Public Health, and that, at a minimum, align
13 with the stroke consensus metrics developed and approved by the
14 American Heart Association.

15 (c) Each comprehensive stroke center, thrombectomy-capable stroke

16 center, primary stroke center and acute stroke-ready hospital shall
 17 provide access to its records to the Department of Public Health, as the
 18 department deems necessary, to perform case finding or other quality
 19 improvement audits to ensure completeness of reporting and data
 20 accuracy consistent with the purposes of this section.

21 (d) The Department of Public Health may enter into a contract for the
 22 receipt, storage, holding or maintenance of the data or files under its
 23 control and management.

24 (e) The Department of Public Health may enter into reciprocal
 25 reporting agreements with the appropriate agencies of other states to
 26 exchange stroke care data.

27 (f) Not later than January 1, 2023, the Department of Public Health, in
 28 consultation with the State of Connecticut Stroke Advisory Council,
 29 shall establish a stroke registry data oversight committee. Such
 30 committee shall monitor the operations of the state-wide stroke registry,
 31 provide advice regarding the oversight of such registry, develop a plan
 32 to improve quality of stroke care and address disparities in the
 33 provision of such care and develop short and long-term goals for
 34 improvement of stroke care in comprehensive stroke centers,
 35 thrombectomy-capable stroke centers, primary stroke centers and acute
 36 stroke-ready hospitals.

37 (g) The Commissioner of Public Health may adopt regulations, in
 38 accordance with the provisions of chapter 54 of the general statutes, to
 39 implement the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2022	New section

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 23 \$	FY 24 \$
Public Health, Dept.	GF - Cost	Up to \$164,000	Up to \$186,000
State Comptroller - Fringe Benefits ¹	GF - Cost	58,363	67,280

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Public Health (DPH), starting January 1, 2023, to maintain and operate a statewide stroke registry. This is anticipated to result in additional costs to the state of up to \$222,363 in FY 23 and \$253,280 in FY 24.

The additional costs to the state include personnel costs to DPH of approximately \$144,000 in FY 23 and \$166,000 in FY 24 associated with hiring one additional Nurse Consultant and one additional Epidemiologist, as DPH does not currently have the staff available to meet the additional requirements contained in the bill. In addition to personnel costs, corresponding fringe benefit costs of \$58,363 in FY 23 and \$67,280 would be incurred.

In addition to personnel related costs, DPH would also require up to \$20,000 annually, in other expenses including: laptops, software, and stroke data registry licensing and subscriptions.

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.53% of payroll in FY 23.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 5273*****AN ACT ESTABLISHING A STATE-WIDE STROKE REGISTRY.*****SUMMARY**

This bill requires the Department of Public Health (DPH) to maintain and operate a statewide stroke registry using the American Heart Association (AHA) stroke care program's data set platform. The registry must include information and data on stroke care in Connecticut that aligns with the stroke consensus metrics developed and approved by AHA.

Starting by January 1, 2023, DPH must establish, in collaboration with the Connecticut Stroke Advisory Council, a stroke registry data oversight committee. The committee must (1) monitor the registry's operation; (2) provide advice on its oversight; and (3) develop a plan to improve the quality of stroke care, address any disparities in providing this care, and develop related short- and long-term goals for improving care.

Also starting by January 1, 2023, the bill requires stroke centers to submit quarterly data to DPH on stroke care that (1) the commissioner deems necessary to include in the registry and (2) at a minimum, aligns with AHA's developed and approved stroke consensus metrics.

Additionally, stroke centers must provide DPH access to their records, as the department deems necessary, to perform case findings or other quality improvement audits to ensure the completeness of the reporting and data accuracy.

The bill also allows DPH to (1) enter into reciprocal reporting agreements with other states to exchange stroke care data; (2) enter into a contract for receiving, storing, and maintaining data; and (3) adopt

regulations to implement the bill's provisions.

Under the bill, "stroke centers" include comprehensive stroke centers, thrombectomy-capable stroke centers, primary stroke centers, and acute stroke-ready hospitals.

EFFECTIVE DATE: October 1, 2022

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 1 (03/11/2022)